

The Roots of Multiple Personality Disorder/Dissociative Identity Disorder

SEIZURES, HYSTERIA, AND DISSOCIATION: MAKING SENSE OF MIND AND BRAIN

No disorder of the mind has captured the imagination of the public more than Multiple Personality Disorder (MPD). The phenomenon isn't new by any means. Multiple Personality Disorder, now known as Dissociative Identity Disorder, has been of great interest to the public for centuries. Case histories of MPD can be found in the literature as far back as the eighteenth century; nevertheless, it is in the literature of the latter part of the nineteenth century that we find the clearest descriptions of this disorder as we know it today.

Most of the nineteenth century literature regarding dissociative phenomena of both mind and brain shows a peculiar preoccupation with the possible connection between dissociative phenomena of various kinds, i.e., hypnotic states, fugue and other amnesic states, and

various forms of hysteria—particularly hysterical fits as they may relate to organically caused epileptic fits. In fact, the etiology of any type of altered state of consciousness, such as a convulsive-like attack, was thought to be precipitated by organic malfunctions. This connection between epilepsy and hysteria seems to have come originally from Boerhaave (1745), and later elaborated on by his students, particularly George Cheyne and William Cullen.

The idea that dissociation is related to unconscious processes first finds its champion in a Scottish scholar and judge who is all but unknown today—Lord Henry Kames. In a book published in the late eighteenth century, he explores the phenomenon of dissociation which he describes as a routine experience with which anyone could identify. “In a dead sleep, we have consciousness of self,” he writes in *Essays on the Principles of morality and natural religion in two parts*. But that consciousness of self can vanish in sleep, too: “We dream sometimes without this consciousness, and even from our waking hours pass without it. A reverie is nothing else, but a wandering of the mind through its ideas, without carrying along the perception of self” (Kames, 1751).

He then goes on to observe that while consciousness has a principal role in our personal survival, the state of dissociation that we experience whether in dreams or in daydreams diverts us from this all-important preoccupation: “This consciousness or perception of self is . . . of the liveliest kind. Self-preservation is everyone’s peculiar duty; and the vivacity of this perception is necessary to make us attentive to our own interest, and particularly, to show every appearance of danger. When a man is in a reverie, he has no circumspection, nor any manner of attention to his own interest”

While he allows that the “perception, or consciousness of self, carried through all the different flavors of life, and all variety of action” is “the foundation of personal identity,” he also asserts that people are mistaken to take for granted the idea that consciousness is contingent on “what is present in the mind, or passes within it.” On the contrary, he argues “that we are conscious of many things which are not the impressions and ideas, within the mind” (Kames, 1751). He goes on to explain: “In some instances, we feel the impression and are conscious of it. . . . In others, being quite unconscious of the impression, we perceive only the internal object” (Kames, 1751). This is the first known use of the word “unconscious” in the English literature.

Kames was clearly ahead of his time although it doesn’t appear that he understood the implications of the phenomena that he described; nor was there anyone to pick up the ball and run with it. The concept of the unconscious would lay dormant for another century before it was revived and its significance recognized.

Nonetheless, by the nineteenth century the groundwork had been prepared—especially during the first decade—for people to think about how the mind functions in terms of the notion of association of ideas. This expression of association of ideas was one of the more important theories advanced in John Locke's great and influential treatise, *An Essay Concerning Human Understanding*. Locke's concept was developed with greater precision by such pioneering scholars as David Hume and David Hartley. During this period, it was assumed that the basis of most mental operations was derived from the law of association of ideas. It is not surprising, then, that scholars would eventually be driven to deal with its opposite—the *dissociation* of ideas and/or consciousness.

One of the primary issues that emerged during the nineteenth century was the question of the relationship between the association and dissociation processes in the mind. Were they continuous processes or discontinuous processes? When and how did they function to produce healthy mental states, as opposed to disordered or pathological states, in the organism? During the last decades of the nineteenth century, however, some physicians raised a possibility that seizures or "fit states" and/or other altered states of consciousness with amnesia could be understood in nonphysiological terms.

These controversial issues remain with us today, and are for the most part unresolved. We will examine the contributions to the understanding of dissociation by three of the most influential and well-known scholars of the nineteenth century, namely Pierre Janet, Morton Prince, and Boris Sidis. (We will also take a brief detour to consider the contribution of Frederick Myers who was strongly influenced by Janet.) All three authors were primarily interested in disordered minds in various states of dissociation.

How these scholars tried to deal with symptomatology and possible causative factors linked to wide range of dissociative "brain-mind" disorders is perhaps best illustrated by numerous case histories from the beginning of the nineteenth centuries onward. What makes the clinical cases so intriguing was that they were reported before the three formed or published their own observations theories to explain such manifestations.

As we investigate the interesting and sometimes bizarre case histories, it is important to trace the influence and development of the nomenclature and taxonomy used in the description of these cases. Both the taxonomy and the meaning implied in the nomenclature set the stage for the theories of "alienists," as they were known, of whom we have few better examples than Janet, Prince, and Sidis.

EARLY CASE HISTORIES: LOOKING FOR ANSEL BOURNE IN ALL THE WRONG PLACES

The earliest case histories of multiple personality disorder coincide with the earliest literature on mesmerism, later referred to as animal magnetism and hypnosis. This is not coincidental since there is an intrinsic relationship between them, especially as they relate to the discovery of various altered states of consciousness. I will discuss Mesmer and hypnosis in more detail in Chapter 5 but for now you should keep in mind that most of the early case histories that have come down to us are anecdotal in nature and are saturated with overtones of “religious enthusiasm.”

We begin in 1811 with the extraordinary case of Mary Reynolds. This case is one of the best known in the literature and it was described in detail contemporaneously by a number of physicians, particularly Samuel Mitchell (1816). Reynolds experienced a severe convulsion which left her unconscious. Upon recovering she was deaf and blind. It would take some time before she regained the use of either her sight or her hearing. Within a year, she went into a deep trance state, from which she could not be awakened for a considerable time. When she did emerge from her unconscious state—spontaneously—she exhibited a general state of amnesia which we now know to be typical of such cases. Reynolds seemed to have forgotten most of her skills and had to be reeducated. She appeared to relapse into these states sporadically for many years before returning permanently to an uninterrupted state of consciousness.

We can thank Samuel Mitchell for his description of another remarkable case involving a woman named Rachel Baker. Baker talked in her sleep, which is not so strange, but her sleep-talking took the form of sermons, which most certainly is. She would go into these trance states periodically, only to emerge with no recollection of the preaching she had done in them. In these states she was known to recite original poetry and perform original musical compositions in addition to praying and preaching. Eventually she was examined in New York City by a number of prominent physicians, all of whom were puzzled by her “strange form of madness.” The sleeping preacher, as she was known, became quite popular and a source of lively speculation among many important people of the time who, no less than the physicians, wondered about what could possibly account for her condition (see Simpson and Carlson, 1968).

A third case involves Jane, a 17-year-old girl from Springfield, Massachusetts, whose case was described by L.W. Bilden in 1834. Like Baker, she was examined by several physicians and, like Baker, she

displayed unusual behavior while asleep. Jane didn't talk, much less preach, in her sleep; she was a sleepwalker—a somnambulist—but one who could carry out complex household tasks while in this state. Her eyes were typically shut, but her senses seemed to be fully alert. This was the antithesis of Shakespeare's description of Lady Macbeth, whose state of mind was exemplified by open eyes and dulled senses.

Although these cases did not seem to exhibit full-blown alternate personalities, they nevertheless exhibited symptoms that suggested that condition. Two popular authors of the early nineteenth century—Abercrombie (1832) and MacNish (1835)—discussed the psychological aspects of disorders of perception, sensation, and consciousness in light of such cases, supplying elaborate anecdotal details to supplement their accounts. The cases they described dealt with memory loss, strange disorders of the imagination, and fugue states in which the individual temporarily loses the memory of his or her “real” self. Different systems of thought, feelings, and desires seem to determine their wanderings and appear dissociated from their personal consciousness. Kihlstrom, for instance, has written a paper discussing how the identification of self with memory has been viewed as an important criterion of self-identity. In his paper he emphasizes the dissociative symptomatology, such as depersonalization, derealization, fugue states, etc. (Kihlstrom, 1987).

It is important to clarify what is meant by fugue states. In fact, I don't believe that for the most part, it is a “state” at all but a developmental process which is characterized by the loss of memory of self. This loss can last for an hour or a day or even for months. Under such circumstances the individual understandably seeks to adopt some identity—any identity—to replace the one he's unaccountably mislaid. The classic case is represented by Ansel Bourne, a Rhode Island native who disappeared for months and lived under another identity until he recovered (see below). Like almost any other mental illness, these fugues tend to be episodic, which is why, colloquial use notwithstanding, a fugue is really a process and not a “state.”

Dissociation was also seen as a result of the structure of the brain itself. One early researcher, Arthur Ladbroke Wigan (1785–1847), wrote a book, *A New View of Insanity: Duality of the Mind Ruled by Structures, Functions and Diseases of the Brain . . .*, which, as the title suggests, attributed mental disorders to the anatomy of the brain. He believed that the right and left hemispheres were two separate and complete organs, which resulted in a literal duality of the mind. Although he had no interest in making his theory the basis for a philosophical system, he did anticipate the work of Morton Prince in his use of case histories to give it weight. He described one patient who periodically entered a somnambulant state in which he could read, write, and speak without

demonstrating any real comprehension. As soon as he emerged from these states, however, he had no recollection of what he had seen or done in them. Yet when he reverted to his somnambulant state he could recall what had happened the last time he'd experienced such a state. Wigan called the alteration of dissociated and conscious states an example of "double consciousness" (Wigan, 1844). It is worth noting that the late brain surgeon Joe Bogen, who performed operations to sever the corpus callosum to alleviate epileptic seizures, was familiar with Wigan's work. Alienist Forbes Winslow was another early researcher who championed the concept of dual consciousness; in his book *On Obscure Diseases of the Brain and Disorders of the Mind* he discussed what it meant to have two senses of identity, or two separated selves, relying on some remarkable case histories as examples to make its case (Winslow, 1860). Herbert Mayo, too, wrote about such cases, one of which was similar to the Beecham girl whom Prince treated (Mayo, 1837).

Nevertheless, it is virtually impossible to make a hard and clear distinction between fugue cases and typical multiple personality cases. No two multiple personality cases or fugue states, for that matter, are exactly the same. Furthermore, there is good reason to believe that multiple personality disorders can develop out of fugue episodes, especially when a subject is highly hypnotizable. This hypothesis is uniquely illustrated by the famous case of Ansel Bourne, a carpenter and sometimes preacher who lived in upstate New York and who was 61 years of age at the time of his fugue state experience. Some time in January 1887, he went to a bank in Providence to get money for a farm that he wanted to buy. But as he was on his way to his sister's house he disappeared. He didn't resurface until March 14. On that date, an individual by the name of A. J. Browne rented a small shop in Norristown, Pennsylvania. The next day, he woke up in a state of confusion. He asked the residents of the house what he was doing there. His name, he told them, was not Browne at all, but Ansel Bourne, and the last thing he could recall was being in Providence in January. He could not recollect anything that had occurred in the interim nor did he believe that he could have been living in Norristown for two months. Yet even in his second state he apparently carried out business in his shop without anyone supposing that there was anything wrong with him. Everything seemed absolutely normal. After recovering his original identity on March 14, Bourne was taken home by his friends and resumed his former life as if nothing had happened. No one else had any idea how to account for the missing months. Only once, years later, at a prayer meeting, was Bourne able to recall even a fragment of his mysterious life as Browne in Norristown.

The missing part of Bourne's life was not recovered until three years after this episode, when he was hypnotized by Professor William James (see Hodgson, 1891–92). Under hypnosis, he was able to provide a detailed account of his wanderings during the first two weeks of his amnesic state. Apparently, before settling down in Norristown, he had traveled to Boston, New York, Philadelphia, and various other places. It is quite clear that in the first two weeks of his secondary state, Bourne had acted in the characteristic manner of an ordinary fugue case. He was a wanderer who forgot his personal identity and having assumed a new name, subsequently enjoyed a quiet, respectable, but altogether different lifestyle. In his second state, he had no recollection of his former life, and when he recovered his identity, he had no recollection of his life in Pennsylvania. These lost memories, however, turned out to be recoverable during hypnosis. His only explanation for this strange experience was that he wanted to get away—somewhere, anywhere—so that he could get some rest.

The original description of this case was written by Richard Hodgson (1891–92), in a paper titled “A Double Case of Consciousness” (see Bourne, 1877). Hodgson made an interesting observation regarding this case and its relation to epilepsy. “I suppose that on January 17, 1887, he [Bourne] may have had a mild epileptic seizure,” Hodgson wrote, “and that after the fit, he was a different person, although in the same skin; or as the popular phrase is, the post-epileptic patient was not himself.” Hodgson (1891–92) makes reference to John Hughlings Jackson's 1884 Croonian lectures on the evolution of the nervous system, as well as Jackson's article on temporary mental disorders and epilepsy, published in *The West Riding Lunatic Asylum Reports, Volume 5* (Jackson, 1958). Over the ensuing years many authors discussed this case, but perhaps the most extensive treatment was written by Michael Kenny in his book, *The Passion of Ansel Bourne*. Kenny's assessment, however, suffers because he doesn't understand how hypnosis works (Kenny, 1986).

Cases involving similar disorders, though not necessarily so spectacular, were described by many alienists in books published between 1830 and 1850, notably by Abercrombie and MacNish. Herbert Mayo (1851), George Combe (1832), and Jerome Kidder (1869) also tackled these unusual cases. Kidder's work, entitled *Vital Resources* and heretofore unmentioned in the literature, offers over seventy pages of commentary on the plurality of personality and discusses both the mental and physiological aspects of these conditions.

If one took the time to look carefully enough for them, an exhaustive catalogue of all the cases during the nineteenth century would probably amount to close to one hundred.

These cases posed a dilemma for the alienists and psychologists of the day who not only disputed the nature of the disorder but couldn't even come to any agreement about the vocabulary that should be used to describe it. One writer used the term "multiplex" to characterize the various personalities. Skeptics vigorously carried out an argument with those who claimed that the disorder was real and verifiable. Even those who believed in the existence of the disorder differed about how many personalities were possible and at what point the number of personalities could no longer be considered plausible (*Journal of the Society of Psychical Research*, October 1889). These debates can be followed in the pages of *The Journal of the Society of Psychical Research* of 1888 and 1889. The letters to the editor column were filled with debates about the duality of the mind that were eerily parallel to the debates in the 1980s.

The literature of the latter part of the nineteenth century contained more sophisticated and detailed theories and case histories, which set the standards for twentieth-century psychiatric case history reports. The work of Charcot is well known, and was quite influential, especially in terms of the clear distinction made between organic epilepsy and hysterical epileptic fits. Although Charcot recognized that hysteria could assume various forms and that hypnotic phenomena could occur in seemingly normal individuals, he still refused to accept hypnosis as a normal phenomenon, calling it "sommeil nerveux," or nervous sleep. Indeed, he asserted that once a hysteric was cured he—or more likely she—would inevitably lose the capacity to be hypnotized, a hypothesis that research has long since disproved.

Eugene Bleuler (1924), in his famous textbook of psychiatry, offers a cautionary note about the relationship of epilepsy to hysteria:

The marked dependence of the hysterical attack on external influences,¹ and the slight dependence of the epileptic syndromes, can with a careful evaluation of circumstances often alone suffice for the diagnosis. In all other respects, it should not be forgotten that in epilepsy all hysterical symptoms may occur. (p. 462).

We now turn to some of the most prominent books of the late nineteenth and twentieth century and quote from the cases they mention.

THE NEUROPHYSIOLOGY OF THE INHIBITION-EXCITATION CONTINUUM

In stating that attention is dependent upon cortical inhibition, which acts to shut out activity within regions of the nervous system, Charles Sherrington was in agreement with the view of many psychologists

during the latter part of the nineteenth century. The possibility of controlling the inhibitory capacity was an important preoccupation of David Ferrier as well as Ivan Sechenov during most of their careers. Ferrier's notion about the power of fixing one's attention during the constriction of consciousness depends ultimately upon the inhibition of movements (Diamond, 1963).

Théodule Ribot had similar ideas; so did William James. In his "Stream of Thought" chapter in *The Principles of Psychology*, James observed that consciousness consists of many factors, but especially the reinforcing processes advocated by G. E. Muller and the inhibitory agency of attention that was a major preoccupation of many authors during this period.

Sigmund Exner did much to advance our knowledge of the dependence of the attentive processes on both facilitation and inhibition. Exner was one of the first to attempt the difficult task of relating mental phenomena to their psychological correlates. He was engaged in this work even before Wilhelm Wundt (1874) formulated his ideas along these same lines in his *Principles of Physiological Psychology*.

The fundamental dilemma facing the authorities of the late nineteenth century was how to reconcile an alleged conflict between two opposing explanatory principles involved in the body-mind problem. This dilemma can be described as follows: how does one theoretically deal with the difference between the "hard rock of conscious matter" as opposed to the "free-floating bifurcating spirit of consciousness"? Pierre Janet, Morton Prince, and Boris Sidis all found themselves in this predicament; and they all attempted to resolve it in a similar, but not identical, manner. The solution was to marry the two approaches into a dynamic integrated whole and then explain how the process works. Of course, empirical evidence was always used whenever available. Let us now examine the view of these three late nineteenth-century scholars to find out how they tackled the problem.

PIERRE JANET

Of the three individuals whose ideas we will discuss in this section, Janet was clearly the one who made the earliest contribution and therefore in many ways was the most influential. Janet started out as a psychologist, but received a medical degree in 1893; however, he was never willing to completely abandon a nonphysiological explanation for the cases he examined and reported on over the years. In fact, he cautioned that reductionism, in terms of physiological explanations

for psychological issues, had many problems and should be avoided at all costs. Janet's seminal work on psychological automatism published in 1889 is seen to contain both an automatic action (beneath awareness) and a conscious action—thus the term “psychological automatism.” In other words, he was the first person to argue that people under hypnosis are not unconscious but rather have a kind of divided consciousness. Janet's case studies in hysteria illustrated that the hysterics could experience exceptional states of consciousness which were not really distinct from one another. In other words, these exceptional states of consciousness were continuous. However, it seemed as if they were different aspects of the person or “different personalities.”

The basis of Janet's position with regard to Dissociative Identity Disorder is found in his book, *The Major Symptoms of Hysteria*. Janet makes the distinction between the epileptic and the hysterical fit, which will be elaborated upon later. Janet was fond of quoting Martin Charcot and, as it turns out, one of his teacher's favorite sayings was, “Nothing was left to chance, on the contrary everything happens according to rules, always the same, common to private and hospital practice, applicable to all countries, to all times, and to all races” (Janet, 1907).

Because there were different qualities as well as quantities observed in the process, Janet coined the term “monoideism.” The term referred to a relatively simple condition in which a single idea dominates the consciousness while everything else is dissociated.

Janet's case history of a woman named Irene exemplifies this concept. For months Irene suffered from a tortured devotion to her dying mother. After the funeral, however, Irene proceeded to banish all memory of her mother's illness and death from her mind. Irene was a poor French girl whose troubles began shortly before the turn of the century. Raised in an impoverished family in Victor Hugo's Paris, Irene lived in a wretched garret with a mother who was dying of tuberculosis and a father who was drunk and argumentative nearly all the time. The strain on Irene evidently pushed her to the edge of hysteria, and her mother's death carried her over it. The mother's dying was a long, drawn-out ordeal which for Irene proved a harrowing experience. For nine weeks Irene hovered anxiously about the bedside, watching helplessly as her mother gasped ever more weakly for breath and vomited ever smaller quantities of blood. When the end finally came, Irene refused to accept it. She tried frantically to bring the body back to life, lifting it from the bed, only to collapse to the floor under its weight.

Evidently no one else in the family witnessed this act of desperation, but not long after the funeral Irene dissociated. During these dissociations, which sometimes lasted for several hours and which Janet considered an extreme form of sleepwalking, Irene would reenact the scene of her mother's death in one way or another. Sometimes she would merely sit in her chair and silently observe the scene as it took place in her mind's eye. She would sit in silence with her hands gripping the chair, her eyes filling with tears. At other times, though, she would describe the deathbed scene in a rushing flow of words and in meticulous detail. At still other times she would act out the drama while she described it, going through all the motions without any variations between one reenactment and the next. She would discuss things with her mother, carrying on what might have been mistaken for a normal conversation apart from the fact that her mother wasn't there. She began to contemplate suicide and enacted scenes in which she would end her life.

It was sheer exhaustion more than any other factor that seemed to restore her to normalcy—that is, her primary state. Afterwards she would remember nothing that had occurred during the dissociations. Indeed, she remembered nothing about her mother's death. She knew that her mother must be dead, she confessed, only because people had told her so and because her mother was no longer present. But she didn't know what had caused her death and admitted that she was troubled that she hadn't been there to take care of her mother in her final hours. In effect, she shut out or dissociated the memory of the events. Yet the memory could reassert itself and cause her to again assume the role of her mother's comforting daughter.

Obviously the mother's death had come as such a terrible blow to her that she couldn't consciously process it, and it was a long time before she recovered from it. In fact, there is no clear evidence or testimony from Janet that she ever really did.

As Janet described it, the case of Felida represents another type of dissociation: the fugue state (Janet, 1907). (It should be noted that someone in a fugue state does not necessarily have MPD/DID, but MPD/DID is almost always characterized by the occurrence of fugue states.) As the dissociation proceeds, the individual not only loses the perceptual and memorial elements, but also some of the time sequences that are involved in his activities. With this dynamic amnesic effect, a new functional whole is established. For example, Felida was both an exuberant and lively young woman and a solemn and despondent bereaved matron.

Dissociation theory, as we call it today, rests solidly upon the early work of Janet. He sometimes referred to these divided states of

consciousness as alternative personalities which could be produced through hypnosis. This divided consciousness functions beneath the level of consciousness in an individual, and is still capable of complex mental operations. The hidden part of consciousness is capable of producing feelings, actions, and even hallucinations.

This approach, which stresses the amnesic effect, represents an important contribution to Janet's theory of narrowing the field of consciousness. But one should not misunderstand that the narrowing of the field of consciousness necessarily restricts the process of consciousness. Janet believed and demonstrated that extraordinary individuals (i.e., highly hypnotizable) may be able to take in many sensations and impressions at one time, so that they can both broaden and narrow the field of consciousness, especially under a state of hypnosis. In investigating the unconscious aspects of divided consciousness, as well as the origins of these states, Janet frequently used the technique of uncovering memories of events in the life of the individual that could not be integrated into the normal personality.

Another aspect of Janet's theory, particularly regarding hysteria, pertained to "fixed ideas." Although this was not a new concept in the literature, Janet endowed this concept with a new meaning and made it central to his theory of psychopathology. (I have elaborated on Freud's own interpretation of Janet's fixed ideas in Chapter 4.)

Janet's ideas were influenced by his teacher Charcot. Although their ideas differed, Janet expressed nothing but praise and admiration for his mentor, crediting him for paving the way to greater precision regarding our critical knowledge of hysteria.

Janet assumed that all cases of hysteria were examples of dissociation and that dissociation was its major characteristic. Furthermore, he believed that dissociation was a major characteristic of hypnosis. In this respect he agreed with Charcot's position, which assumed that hypnosis is "artificial hysteria."

As we have previously indicated, one of the best summaries of Janet's contribution to hysteria and related disorders can be found in *The Major Symptoms of Hysteria*. One can assume that such eminent people as Morton Prince, William James, and Boris Sidis attended these lectures. In fact, one of the lectures was entirely devoted to double personalities, in which Janet paid great tribute to the work of Morton Prince and cited Boris Sidis as well. We know that James and Janet were friends for many years and frequently corresponded with one another.

One of the most important contributions during these lectures at Harvard was what Janet referred to as "a very curious property

known as hysterical accidents." Although he did not believe that these hysterical accidents were unique to the hysteric patients, he did believe that they were very important to consider while working with them. Janet stressed that these accidents or occurrences could be artificially produced. Like Charcot, he cites the case of a man who had been afflicted with epilepsy for several years, but cautioned that it was important to distinguish between *genuine* epileptic fits and *hysterical* epileptic fits. With a true epileptic condition, he wrote, one cannot artificially produce the seizure or fit, whereas in hysterical or pseudoepilepsy, one can easily bring about a seizure through hypnosis.

Janet went on to present another case about which he had written, that of Marceline. This case was molded by repeated hypnotism over a period of fifteen years. "She had really become a kind of artificial Felida," Janet explained, referring to the patient given to lapsing into fugue states, "and she shows us that double existence itself can be reduced by artificial means as well as occurring naturally."

Janet's disagreements with Freud regarding hysteria and hypnosis are well known. (I will discuss the conceptual rifts between Janet and Freud in further detail in Chapter 4.) However, one question that remains puzzling today (since the study of dissociative disorder has become of great interest and importance) is why Janet's contributions have been overlooked for such a long period of time, while Freud's theories endured great success. The reasons are probably multiple. One factor is the differences in personality between Freud and Janet. But it might have to do more with the prevailing social and political climate. Janet was a professor at the College of France in Paris, and therefore did not train students in a teaching hospital. He was also more the lone wolf type of scholar who had little interest in creating a school of thought, let alone an ideology or a system like Freud. He also lacked a nephew like Edward Bernays, known as the Father of Public Relations in America, who had done so much to help promote Uncle Freud and psychoanalysis for much of the twentieth century.

If one were to point out a major weakness in Janet's position, it would be that Janet basically saw dissociation and hypnosis as pathological processes. He did not realize that dissociation and hypnosis may be involved in both healthy creative activities of the organism as well as in unhealthy and destructive activities (Rieber, 1997). Janet also had a tendency to use spatial metaphors excessively. His conception of dissociation was described in spatial terms. His theory suggested, basically, that some mental elements were separated out from the greater aggregate of elements that constituted the totality of mind. In other words, his language suggested a literal splitting of the mind into

separate fragments. Nevertheless, whatever the shortcomings in his theory, Janet's contribution to this field of study is certain to be lasting.

F. W. MYERS

At this point we should mention Frederick Myers. In many respects Myers followed in Janet's footsteps recognizing that Janet's work was closely related to his own and even used Janet's experiments to support his own ideas. Myers was a rather unique and important figure during the latter half of the nineteenth century. His work at Cambridge, which brought him in contact with Henry Sidgwick, led to the founding of the British Society for Psychical Research. His friendship with William James helped make it possible to establish an American branch of that organization in the early 1880s when the British society got off of the ground. One of the major beliefs that Myers was committed to during this period was the assumption that the human mind was capable of more than one type of consciousness in each individual person. In other words, there were multiple centers of consciousness, and because of this important assumption, the extraordinary manifestations that occurred during trance states, or what we now call altered states of consciousness, could be better understood and investigated. Myers, like James, believed that these personal "unconscious" aspects of consciousness did have physiological correlates that should be investigated, but that on their own they could not explain such extraordinary phenomena as mental telepathy, hypnosis, automatic writing, and other related altered states of consciousness. One of Myers's major assumptions, which certainly made his ideas compatible with William James at the time, was that an adequate theory of the human mind would have to take into consideration both normal and pathological aspects, and furthermore, that the study of the normal would enhance the study of the abnormal and conversely that the study of the abnormal would enhance the study of the normal. This belief was not unusual at the time. Such important scholars as W. Preyer, professor at Jena University, and Karl du Prel, of Leipzig, held similar views. Much of this work was stimulated by explorations into the physiology and pathology of the mind by prominent British alienists, such as Henry Maudsley, William Carpenter, and Thomas Laycock. Carpenter and Laycock debated the mechanism underlying unconscious reflex actions of the brain and the way in which these reflexes could operate unconsciously. Carpenter coined the term "unconscious cerebration" in his very popular book titled *Mental Physiology*. Considerable discussion centered around the

related concept of the automatic action of the cerebrum in an attempt to explain how thoughts and activity of an intelligent nature did not have to be caused by thinking at the conscious level.

Morton Prince actually wrote his first book on this subject matter, before he had fully developed his dissociation theory. The existence of telepathic skills in certain individuals was not new in the late 1880s. Reports of such extraordinary phenomena were well known and popular in the 1840s and 1850s, especially in France and England. John Elliotson, J. Esdaile, and many others were involved in controversies having to do with the relationship between telepathy and animal magnetism. In 1885, Myers published an important article arguing for the existence of a bifurcated self or the existence of a secondary self within individuals. According to Myers, this secondary self was—or allegedly could be—entirely dissociated from the primary consciousness of the individual—so much so that the person could be totally ignorant of the consequences of this situation. What Myers was doing was forming the basis for a more fully developed theory of dissociative mental processes. This notion of a primary and secondary self, as far as Myers was concerned, was not the exclusive property of the mentally disturbed or insane. In this respect his opinion was at odds with Janet's. Myers preferred the term "subliminal self" rather than "unconscious self" that Freud and other German scholars of the time advocated.

Nonetheless, both Myers and Janet were interested in deriving an explanatory principle that could somehow bridge the gap between the mind and the body in accounting for the phenomenon of bifurcation. At the time automatism was used to explain everything from compulsive behavior to composing a symphony. They sought to get away from the purely physiological approach that automatism represented and construct a unifying theory that would explain MPD. Adam Crabtree in an illuminating paper describes this attempt by Myers and Janet, calling it a failure, but a profitable one insofar as it paved the way for dynamic psychiatry (Crabtree, 2003). I believe that Crabtree is too harsh in his judgment; Myers and Janet made a gallant effort which opened up possible solutions that we are still exploring today. While research has yielded more clues, we still don't know how to completely explain such a baffling disorder. Myers and Janet were pioneers and like all pioneers, they pointed the way for those who followed in their footsteps.

MORTON PRINCE

Morton Prince initially became interested in the problem of multiple personality disorder when he tried to relate the psychological and

physiological aspects of MPD and hysteria, especially when it entails the use of hypnosis. Prince was particularly impressed by Janet's early work, although he felt that it was necessary to go beyond Janet by formulating a physiologico-anatomical basis for the psychological phenomena in Janet's work. His attempt, as he would be the first to admit, was purely speculative. He had no wish to oppose Janet's psychological theory but, on the contrary, hoped to strengthen it. Although his paper elaborating on Janet's theories was actually written in 1891, Prince only got around to publishing it seven years later in 1898 in the *Proceedings of the Society for Psychical Research*.

In Prince's view, the problems of hysteria and related disorders were so complex and so serious that in the study of individual clinical cases, one must search for more than a single psychological or physiological principle. For example, he believed that the phenomenon involved a variety of elements: problems with consciousness or subconscious "fixed ideas" in hysterical patients, for one; the problems involved in cerebral inhibition as it relates to association of neurological processes, for another; as well as the amnesic effects seen during conditions of hypnosis. All of these elements needed to be integrated. In other words, he contended that no single explanatory principle could account for all of the facts of the disorder. In order to remedy this situation, Prince utilized the well-known and highly respected theoretical position of John Hughlings Jackson.

Jackson's idea was based upon the dynamic interaction of levels based on the development and evolution of the central nervous system. He attempted to divide the mental processes into higher complex processes of thought and voluntary movements, on the one hand, and lower automatic subconscious processes, on the other. This theory of the mind-body process was based on "duality of personality." One aspect consisted of complex associated states of conscious memories, which made up the personality of the conscious individual in the waking state. The second aspect of this duality consisted of the more autonomous subconscious mental states (sometimes referred to as subliminal consciousness).

This theory advocated the correlation of the higher complex states of self-consciousness (the first aspect of the person or the organism) with the highest brain levels. The theory also correlated the more autonomous subconscious states with a second level, which corresponded to the middle motor and sensory region of the brain and central nervous system. This theory compelled Prince's interest because he wanted to know how this particular frame of reference agreed with or supported the observable phenomena in pathological cases, such as

hysterical anesthesia and amnestic effects during hypnosis. Prince was working on these issues about the same time that he started to work on his famous Miss Beauchamp case (Prince, 1898).

Prince felt that his theory had great promise because it helped explain how and why a sensory impression is recorded but not perceived during the waking state, and yet remembered during the hypnotic trance state. He was less certain about the area of the brain in which hysterical symptoms were suppressed—a phenomenon which Prince referred to as inhibition or “going to sleep.” He was, however, more positive and hopeful about this theory when it came to providing physiological explanations for the various forms of hysterical anesthesia observed by Alfred Binet. Prince assumed that an inhibition of the higher centers takes place while the middle centers continue to react in hysterical anesthesia. Nevertheless, the impressions received at the middle centers cannot excite the highest tactile centers, and therefore be perceived in consciousness. However, they may excite the highest visual centers, which are normally coordinated with tactile centers for the perception of one’s hand. If the tactile sense fails, Prince hypothesized that the other senses may be excited by an impression in the middle centers. From this point of view, it is clear that Prince was pursuing a more integrative theory of mind–body functioning than was presented in many other cases of the period.

BORIS SIDIS

Boris Sidis was a Russian immigrant who came to the United States as a young man in the 1880s. He proceeded to pull himself up by his bootstraps and convinced Harvard University to fund him to study with William James and company. With James as his mentor he produced a thesis on the psychology of suggestion. Strangely enough, Sidis was such an eccentric character that James had to persuade him to write a book based on his thesis (Sidis, 1898). This book appeared in 1898 with James supplying a flattering foreword.

Sidis was a man who truly had the courage of his convictions, for he took his mentor James to task on several occasions in the book—and with great effectiveness, too. James took note of his criticism but made sure to insert a mild disclaimer in the forward in which he said that although the book was a fine piece of work he did not necessarily agree with all of the positions taken by its author.

Sidis’s views about suggestibility and later dissociation and its disorders embodied a universally applicable integrative style of

thinking, which is hard to classify as either primarily Anglo-American or Russian-European. Sidis had a highly individualistic way of deriving his own ideas that set him apart from any traditional school of thought. When he returned to New York he became the first experimental psychologist to work at the now-world-famous New York State Psychiatric Institute, then known as the Pathological Institute, located on Ward's Island in the East River. Since he was in charge of the experimental laboratory, he was in a unique position to administer a wide range of tests and conduct all kinds of experiments with a large variety of mental patients. Several more books relating to dissociative identity disorders and hypnosis emerged from the work he did at the Institute (Sidis, 1898, 1902).

In 1898, a multidisciplinary research program was initiated at the Pathological Institute which coordinated work in fields as diverse as neurology, psychopathology, psychology, bacteriology, and physical anthropology for the study of mental disorders. The laboratory was associated with the Columbia University College of Physicians and Surgeons, as it still is today. Dr. Ira van Gieson came to the institute as its first director with a background in neuropathology. Sidis's work with van Gieson put him in contact with other important people in the field of mental pathology. William Alanson White was one such person with whom he later collaborated on a book on the use of hypnosis in various dissociative hysterical disorders. Sidis elaborated upon this work with theoretical speculations regarding the manner in which one could understand the action of the "moment consciousness," to which each neuron contributed, and which in turn contributed to the total mental state. Together, van Gieson and Sidis refined both the neurological and psychological aspects of their theory, thus providing and accounting for clinical observations of normal and abnormal behavior on the basis of a dynamic model of neurophysiology. In 1898, they formally presented their ideas in an article entitled "Neuron Energy" (van Gieson and Sidis, 1898).

Neurons, they supposed, must possess a certain level of "dynamic energy" in order for them to maintain their position in a neuron aggregate, on the one hand, and the position of this aggregate in an associated cluster, on the other. To some degree this theory anticipated the work of Donald Hebb years later. When aggregates begin to dissociate from each other, they believed, the neurons separate from the aggregates in turn. Presumably, hypothetical changes in neuronal energy result in dissociation because the neuronal energy level is correlated with various states of consciousness. This separation, Sidis and van Gieson claimed, results in the degeneration and the destruction of

the neurons, and their aggregates can be correlated with clinically observed symptoms.

In 1904, shortly before Freud came to Clark University to speak at the famous 1909 conference, Sidis published a book (with Simon Goodhart) entitled *Multiple Personality: An Experimental Investigation into the Nature of Human Individuality*. He dedicated the book to William James. In the book Sidis used his new physiological theory as a basis for explaining the various aspects of what he dubbed the Thomas Hanna Case. (A more detailed examination of this case can be found in the second part of this book.) It is of some interest to note Sidis's observations regarding epilepsy and multiple personality. He wrote:

Double or multiple consciousness may be induced by many different causes, and epilepsy is but one of them. Epilepsy and the phenomena of multiple consciousness must be by no means identified when we find a case of amnesia in double consciousness without any typical epileptic attacks we're not justified to ascribe it to epilepsy simply because such phenomena are also manifest in this disease. . . . Epilepsy and multiple consciousness should not be confounded. One can exist without the other. (Sidis, 1904)

Sidis hypothesized that it was possible to discover the reproduction of the original traumatic event which brought about the state of multiple personality in the "hypnoleptic" state. He used the Hanna case to illustrate this hypothesis. Sidis believed that if integration were to occur the aggregation of neurons would have to proceed through two states: the primary state (representing the patient's consciousness and totality of his life experience) and the secondary state (the patient's unconsciousness). Only then could the primary state be reintegrated with the secondary state. This cyclical process was repeated time and again—and always in the same order.

Sidis continued to advocate this theory throughout his career and incorporated it into almost all of the writings he did until his death in 1922.

CONCLUSION

The basic problem one has to address with regard to how the human organism develops over time must take into consideration a basic bipolar process which has been called the "stimulative-inhibitory mental process." It is assumed that within the human organism, this bipolar process is essential in understanding how a given organism experiences and conceives of him- or herself in a particular social context. This experiential level of self-formation has long been discussed

and debated in terms of both its healthy creative aspects (the light side) and its unhealthy disintegrative aspects (the dark side). In a more poetic vein, the great Gandhi once said, "In the midst of light, darkness exists, and in the midst of darkness light exists." Having said this, one still must consider the larger picture in which these processes function. And inevitably, this leads us to the "Gordian Knot" of psychology, which still challenges the inquiring scholar—namely, the problem of etiology. How can one explain the causative factors involved in human conduct and experience?

It has been said that the human organism does not simply experience what's out there in the world (external sensory stimuli) or simply what's inside himself (the internal sensory world or imagination), but rather as a negotiated transaction between the two. This transaction is mediated by a social construction of "reality," notwithstanding an enduring will to believe in something. To omit any one of the above-mentioned factors in an attempt to explain the organism's experience and conduct, one runs the risk of fostering a reductionist-deterministic view of the world (Rieber, 1998).

Undoubtedly, certain types of questions will require data and explanations that give greater importance to one or another of the different levels (i.e., the biophysiological level, the self-forming experiential level, and the socially constructed level of life experience). Disruption of the learning process that takes place between the biological, psychological, and social levels of existence also has the effect of interfering with the healthy, creative aspects of human conduct and experience.

Too many mirrors are dangerous because they reflectively distort and multiply the self. Therefore, one should hold the mirror up to nature in order to reflect upon the natural images of life rather than the ostentatious self-righteousness of multiple selves.

What, then, has history taught us regarding the dual actions of the brain and the multiplicity of minds? First, it teaches us that if we read more literature we will have less to discover. Second, it teaches us that the concept of dissociation should not be used in a deterministic or reductionist manner, or in a tautological way. The process of dissociation should not be misrepresented as dividing the mind into parts. Rather, it should be understood as a process of shifting gears producing functional units that act more or less independently and have different patterns of information, as opposed to completely discrete and different types of information. Furthermore, it should be understood as a process that produces a difference, rather than producing something entirely different, and this is a difference that makes a difference.